

# Minutes

# Trauma System Oversight & Management Committee

December 7, 2006

Called to order at 11:03

Adjourned at 13:50

Location: The Place at Innsbrook

[www.vdh.virginia.gov/oems/trauma/traumacenters.asp](http://www.vdh.virginia.gov/oems/trauma/traumacenters.asp)

## Meeting called by: Morris Reece

Chair: Morris Reece

OEMS Staff: Paul Sharpe, Jodi Kuhn, Russ Stamm, Christy Saldana.

Attendees: Barbara Hawkins, Becky Callaway, Bobby Baker, Carol Gilbert, Carol Smithson, DJ Douglas, Elton Mabry, John Hyslop, Kathy Butler, Kevin Dwyer, Linda Sayles, Lou Ann Miller, Maureen Waller, Nancy Martin, Patrick Earnest, Rao Ivatory, Raymond Makhoul, Rick Morrow, Sonia Cooper, Stanley Heatwole, Valeria Mitchell.

## Agenda Topics

### Introductions

Mr. Bobby Baker was introduced by the Chair. Mr. Baker will be serving as the TICP Coordinator for the Near Southwest Preparedness Alliance. Mr. Baker will also be responsible for supply acquisition during events. Later in the meeting Carol Smithson introduced Dr. Makhoul, Dr. Hyslop, and Mr. Morrow, all from CJW.

### Previous Meeting Minutes

The previous meeting minutes were distributed electronically prior to the meeting and in hard copy format at this meeting. A motion to approve the minutes was made by Lou Ann Miller and seconded by Stan Heatwole. The September 7, 2006 minutes were accepted unanimously.

### Chair

**Traumatic Injury Cooperative Program (TICP):** The TICP is a project funded by OEMS and HRSA to provide education on caring for injured patients at hospitals not designated as trauma centers during events that would cause a surge in patient volumes. This effort is intended to provide basic education and resource materials to staff at non-trauma hospitals that will assist them when caring for patients that are more seriously injured than they normally care for. This project is not targeted at emergency departments, but instead towards med/surg units. Modular classes vs. full day course and web based learning are also being considered.

### Trauma Center Fund

The chair opened the floor to comments on whether a trauma fund panel is necessary this year. OEMS staff added that the Trauma Fund Disbursement Policy was recently revised in August, due to the most recent legislation. OEMS also expressed the need to revise the percentages using in-house trauma registry data.

Previous data sources restricted OEMS' ability to respond to several inquiries related to the data and provide the appropriate level of oversight of these funds. OEMS wishes to work with the designated trauma centers to assure their trauma registry submissions are of maximum quality prior to adjusting the current percentages in June. It was the original intent to revise the percentages annually using trauma registry data.

There was a discussion on the definition of an admission in the trauma registry. In summary, the VSTR tracks patients that are admitted, including 23 hour observations, transfers to another acute care facility due to trauma or died as a result of their injury. VSTR collects the time of injury, arrival time at hospital, and discharge time from the hospital. With these two facts, an admission in the VSTR would be a combination of the two areas, so an admission in the VSTR is from the time of arrival at the hospital (direct admit or through the ED), for any patient that is admitted.

The definition of an admission may vary from institution to institution, but it is collected by the VSTR in a consistent manner.

**Motion** by Kathy Butler, that we have do have a trauma fund panel this year, Rao Ivatory seconded the motion. A clarification to the motion was offered and that was that the panel's objective be, to evaluate the use and reporting of funds. The motion passed unanimously.

The chair clarified that OEMS will go forward with transitioning to VSTR in early June 2007 to revise the percentages for state FY08. In June 2007, all hospitals should have completed submitting calendar year 2006 data and this will be the data run for the trauma fund.

### **Multiple Trauma Centers on Diversion**

Kathy Butler proposes a mechanism be put in place so trauma centers may be aware of other centers on diversion at the same time. There was a recent period that three Level I centers were believed to be on diversion at the same time.

The Chair commented that there are currently systems on the regional level, i.e. EMSsystems, and that the Web EOC currently has the ability to look at diversion statewide. User access would have to be granted as it is limited to facilities.

The Chair will arrange a Web EOC demonstration for the march 2007 meeting.

### **Trauma PI Committee Report**

The Trauma PI committee next meets on January 18, 2007. Currently non-designated hospitals are receiving hospital specific morbidity data from the year 2005. Along with the data, hospitals are receiving a letter explaining the regional trauma PI process and are being encouraged to participate.

### **OEMS Report**

**Statistician Report:** Two trauma registry variables will be upgraded to "mandatory elements". These two are blood pressure and respiratory rate.

**Statewide Trauma Registry Report:** Russ Stamm updated the committee on current compliance with the VSTR. The online "self reporting tool" was demonstrated. The project went live in October and now includes regional council access to the reporting tool for use by trauma PI committees. Several committee members commended the development of the registry and its becoming functional.

Dr. Ivatory request to note that he believes the reporting to should not be able to view a single hospital's data. Discussion from the committee and OEMS included that the reporting tool is far beyond identifiable data, is consistent with similar VDH reporting tools, and meets the mandate of the *Code of Virginia* to provide aggregate data to the public and those in the trauma triage process.

**Trauma Coordinators Report:** General OEMS update includes the hiring of three new staff members (HMERT Coordinator, Grants Administrator, and an EMS Planner/Regional Council Coordinator). An RFP went out for bid to perform a study of the current Regional EMS Council structure. The bid period has closed, but bids have not been evaluated at this time. The Division of Trauma/Critical Care (TCC) is not involved with this process.

The EMS Advisory Board will be having a retreat on January 5, 2007. The purpose of this retreat is to bring key stakeholders together to discuss where OEMS best fits in state government. This process began at the May 2006 EMS Advisory Board meeting. It was discussed at that time that the Governors Transition Team was evaluating this issue without input from the Advisory Board.

Items specific to OEMS' Div. of TCC, but not trauma in nature include; TCC staff met with the Virginia

Information Technology Agency (VITA) to begin the approval process for replacing our current Prehospital Patient Care Reporting System (PPCR). It is OEMS' intention to replace PPCR with a web based statewide electronic PPCR system. PPCR currently collects 750,000 records per year and we would expect a significant rise in this number with a new system.

- Site Review Update Since last meeting
  - The VCU site visit was held on 9/12 and no critical deficiencies were noted.
  - On 10/3 OEMS met with CJW staff, at OEMS, related to continued designation
  - Roanoke Memorial underwent their modified visit on 10/10 and all previous deficiencies have been corrected.
  - The Montgomery Regional site visit was held on 11/7 and no critical deficiencies were noted.
  - The New River Valley site visit was held on 11/14, there were critical deficiencies for the PI process (need plan), no identifiable ICU director of record and Physician CME's.
  - The Southside Regional site visit was held on 11/16, there were critical deficiencies for physician CME and ATLS
  - The Norfolk General Site visit was held on 11/30 and no critical deficiencies were noted.
  - Winchester will be held on 12/12.
  - Chippenham will be held on 12/14.
  - Johnston Willis' modified visit will be on 1/30/07.

Overall, OEMS' observation this year has been that deficiencies (critical and non-critical) have primarily been with ED trauma flow sheet documentation, having a documented PI process, documentation of physician CME and involvement with regional TPI committees.

With this being the first site visit cycle using the revised criteria some areas, such as the educational requirements and quantifying some criterion, need to be revisited. Perhaps a topic for the March 2007 agenda. OEMS has been receiving input during visits and would like to hear from centers that have been visited for their perspective.

### **TNC Report**

Lou Ann Miller stated that the TNC meeting primarily focused on a discussion of the TNC's participating in the TICP mentioned earlier in the minutes.

### **Trauma Center Updates**

**CJW Medical Center**-primarily focusing on the upcoming 12/14/06 site review. A new CD, with greater than one hour of trauma nursing updates, has been produced and is being distributed. OEMS staff went to CJW to provide training to staff on entering data into the trauma registry. Both CJW campuses have gone to electronic patient tracking, including the ED and they are seeing the benefits with throughput. Johnston Willis now has a four bed fast track area in the ED. Consumer representative-no report. ACEP-no report. **SRMC**-after SRMC's recent site visit they have a better understanding of the TNC's role, as well as, how much the trauma program affects their hospital and the community. **Lynchburg General**-will now charge for trauma alerts. **Virginia Beach General**-the hospital will be breaking ground on a new 42 bed ED. They believe they are close to hiring an additional neurosurgeon. **Inova Fairfax**-there is a new trauma surgeon starting on 12/22, there will possibly be another neurosurgeon added to the hospital staff. Fairfax has increased neurosurgery staff taking trauma call from GW. The annual symposium was held in November. A new PhD will be starting to head up research and injury prevention. Inova now has four NP's up and running. Maureen Waller announced she will be retiring by the end of the first quarter of 2007. She has served as the TNC at Fairfax Hospital for 13 years. **Norfolk General**-underwent their site visit last week. Valeria appreciates the team's support and evaluation. Also appreciates that the summary report includes strengths and the revised process helps centers to achieve improvements. With the site review behind them, they will be adding burn and injury prevention to their efforts. **Riverside Regional**-Dr. Kauder (new surgeon) has been a good addition to service. Riverside is now following the trauma/emergency surgery model. They are considering an additional trauma surgeon that will have part of their FTE dedicated to general surgery. They have posted a position for a physician extender for the service. The Riverside Symposium will be on March 23, 2007. **RRMC** now has a partnership with LifeEvac III and will now be charging a trauma alert activation fee. **VCU**-went through its state review since the last meeting. VCU continues getting busier. A third nurse practitioner has been added and they are currently recruiting for

another trauma surgeon, Dr. Pozaz has been named chief of surgery leaving an opening for a burn service director. **Montgomery Regional**-has added a fourth surgeon, as well as, a new orthopaedic surgeon with experience in spinal surgery. A new ED monitoring system is being installed. Improvements and additions to outpatient imaging is freeing up internal radiology services, decreasing wait times. **UVA**-actively interviewing for an addition trauma surgeon. Currently have a spinal clearance study and imaging needs assessment underway, which is improving turn around times.

#### **Old Business**

None

#### **New Business**

The “*2005 Trends in Emergency Medicine and Trauma*” document was presented to the committee. This document represents the first compilation of data from the VSTR and PPCR data bases that have been published.

A reminder that the TSO&MC meetings are open to the public. OEMS is occasionally asked why individuals are not included in the TSO&MC meetings. All meeting dates and minutes are posted on the OEMS web site and staff is more than willing to add anyone to its distribution lists.

#### **Scheduled Meetings**

##### **2007 Meeting Schedule:** (Richmond Marriott West)

Marriott Richmond West  
4240 Dominion Boulevard  
Glen Allen, VA 23060

- Thursday, March 1, 2007
- June part of trauma conference n/a
- Thursday, September 6, 2007
- Thursday, December 6, 2007